## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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-63			<b>319</b> 5 2	

DO NOT WRITE ON THIS STUB		AME	NDED	) [	Registration District No. Primary Registration District No. Registrat's No. FILED WAY 2.7 4963	5. 1469
- CHITHIS STOP					1: PLACE OF DEATH 2. USUAL RESIDE	ENCE (Where deceased lived. If institution: Residence before
VS 300	وا	1		1	a. COUNTY St. Louis	b. COUNTY St. Louis admission)
Rev. 4/59	AMENDED				b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b c. CITY	Inside Limits
İ		i	-		OR OR MS	aryland Heights Yes M No [
أمممعا ا	3		- 1		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET	
4002	سوا	ri I	- 1		HOSPITAL OP " I ADDRESS	100 F D
2 4000	PAT		-		INSTITUTION St. Louis County	1925 Dorsett Mirad Yes No. DX
3 2	╌	+ +	$\top$	┥	3. NAME OF DECEASED First Middle Last	4. DATE Month Day Year
		11			GILBERT JOSEPH VAN ROTZ	DEATH MAY 3. 1963
4 0		11			5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH	
		1			Male White Widowed T Divorced   2-22-1885	
5 2		1 1			10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE	
6	اري	, 1			The same of the sa	· · · · · · · · · · · · · · · · · · ·
	<u>}</u>					Le, Mo. U.S.A.
7 0	ᇎ			1		
8 /	요				Louis VanRotz May Blauch	Frieda VanRotz
	S				15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
						VanRotz- 11925 Dorsett Rd.
-9/77X	₹ `			ENT	18. CAUSE OF DEATH (Enteriorly one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
10	یا چ	.		뽛	7 ·	10 les Minus
14.	RECORD	<u> </u>	İ	CUMI		
	¥ 1	:		8	Conditions, if any, ) DUE TO <sub>s</sub> (b)	
1245-0	HIS			1 1	which gave rise to above cause (a),	
13	Z I	1	4	<b>→</b> 1	stating the under- lying cause last. DUE-TO (c)	
		11	İ			to the terminal PART III. If deceased was female was
	,	1 1			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART I (a)	mere a pregnancy in less 70 days.
	5				5 Beleter & Kydones hours	
					19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in PART I/or PART II of item 18.)
	AMENDMENTS		-		PERFORMED? 208. ACCIDENT SUICIDE PROMITION SCIENCE PORTION SCI	
<b>,</b>	9	1	ļ		20c. TIME OF Hour Month, Day, Year	
v õ	₹				SO INJURY 18.7m.	
RIBBON					204 INJURY OCCURRED 20e. PLACE OF INJURY (e.g., injuryabout home, 20f. CITY, TOWN, O	OR LOCATION COUNTY STATE
				1 1	WHILE AT WORK   farm, factory, street; office bldg., etc.)	•
BLACK INK OR RITER RIBBC		<u> </u>			Mary 3 1963 May 3 1963	and last saw him alive on May 3, 1963
30E	PEAD	<u>i</u>	ĺ		21. attended the deceased from	nem ,
\$	~ ⊆	<u>:</u>  -	-  -	.   .	Dean roceives di	, and to the best of my knowledge, from the causes stated.
USE	=	3		유	22a. SIGNATURE (Degree or title) 22b. ADDRESS	22c. DATE SIGNED
USE BLACK OR TYPEWRITER	CHO!!!	5				entwood Bl., Clayton, Mo. 5/4/63
-		+	-+	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  For For Compt.	23d. LOCATION (City, town, or county) (State)
	2	<u> </u>		똂	Burial 5-6-63 Fee Cemetery	Bridgeton Mo.
	5			AF		REG. 26. REGISTRAR'S SIGNATURE
	TEM	!		¥	Earl Hilleman Overland 14, Mo. 5-5-63	Jame. Murgay 173
	1.	1	i į	[	The state of the s	

		, Student Embalmer No
orking under my personal supervision.	٠.,	0 27400
udent	Signed	Earl # Heleman
Signature of Student Embalmer		Licensed Embalmer No. 350 )
		Licensed Embalmer No.
		Baddon Averland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

frembalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embaimed, fact should be so stated above.